



PHYSICAL THERAPY BOARD of CALIFORNIA
 1418 HOWE AVENUE, SUITE 16, SACRAMENTO, CA 95825-3204
 TELEPHONE: (916) 263-2550



CHECK SHEET TO THE APPLICATION FOR PHYSICAL THERAPIST OR PHYSICAL THERAPIST ASSISTANT EXAMINATION AND/OR LICENSURE

To ensure that the necessary documentation has been submitted or requested by you, we encourage you to use the following checklist: (Keep this checksheet for your own reference.)

Applicants with Criminal History: (See question #16 on application)

Applicants with prior conviction(s) or disciplinary action(s) must submit the following documents. Failure to submit proper documents of conviction(s) and/or disciplinary action may delay processing of your application.

- _____ A descriptive explanation of the circumstances surrounding the conviction or disciplinary action **must** be included with your application. (i.e., dates and location of incident and all circumstances surrounding the incident.)
- _____ Certified true copies of arrest and court records.
- _____ Copies of letters from substance related programs verifying successful completion or evidence of current participation of a personal recovery program.

ALL applicants must submit:

- _____ Forms **P1A, P1B & P1C** **fully completed** and signed in blue ink.
- _____ One passport style photograph. Attach to Form **P1C**. See PHOTO INSTRUCTIONS, Form P1C.
- _____ Complete all information on the right-hand side of Personal Data Card. Contact the Board in writing or by **E-mail to request** this form.
- _____ Two fingerprint cards properly completed. Fingerprint cards must be completed in **BLACK** ink only, and **filled out in detail**, including complete physical description, age, date of birth, license title, etc. Complete both sides of each card where required (all boxes marked with a red "X"). Contact the Board in writing or by **E-mail to request** the fingerprint cards.
- _____ Appropriate **fees** made payable by check or money order to the Physical Therapy Board of California. Stop payment on checks will be considered a withdrawal of the application.
- _____ Disability Accommodation Question (#7) and **Form D1** (if applicable).
- _____ FSBPT Application Form for computerized testing. (No link - sorry!) Contact the Board in writing or by **E-mail to request** this form.

Applicants who have graduated from an approved program (Foreign or Domestic) and are applying for examination:

All exam candidates must complete all course work, research and clinical practice prior to being admitted to examination and/or licensure. Physical Therapy License Applicant and Physical Therapy Assistant Applicant status cannot be granted until the Certificate of Completion (**Form P1E**) is received.

- _____ Certificate of Completion of PT or PTA program (**Form P1E**) signed and embossed with official school seal. This certificate must be submitted directly from the school or remain in a sealed envelope, or it will not be accepted. Form P1E must be received in this office prior to being scheduled for the examination.

ALL Graduates of Foreign Physical Therapy Educational programs:

- _____ Certificate of Completion of PT Program ([Form P1E](#)), signed and embossed with official school seal. This certificate must be submitted directly from the school or remain in a sealed envelope, or it will not be accepted.
- _____ Resume of work experience.
- _____ A credential evaluation, in form of a subject breakdown, completed by one of the following services.

Foreign Credentialing Commission on P.T., PO Box 25827, Alexandria VA, (703) 684-8406
Int. Consultants of Delaware, Inc., 109 Barksdale Prof. Center, Newark, DE 19711 (302) 737-8715
Int. Credentialing Associates, Inc., One Progress Plaza Suite 810, St. Petersburg, FL 33701 (813) 821-8852
Int. Educational Consultants, Josef Silny & Associates, Inc., PO Box 24833, Coral Gables, FL 33124 (305) 666-0233
Int. Education Research Foundation, Inc., PO Box 66940, Los Angeles, CA 90066, (310) 390-6276

Applicants applying for PTA by Equivalency submit:

The completed application must include, official transcripts, verification of work experience form(s), [Form V1](#), and any other information required to complete the application. AN INCOMPLETE APPLICATION WILL NOT BE CONSIDERED.

- _____ Verification of Work Experience and Training ([Form V1](#)), completed and **signed in blue ink** by the supervising licensed physical therapist. Forms not signed in blue ink will not be accepted. If work experience was acquired outside of California, provide a photocopy of the physical therapist license with the PT's original signature. This form must be submitted **WITH** your application. The Board cannot assist you in obtaining verification of work experience. Additional verification of work experience forms (Form V1) may be photocopied if necessary.
- _____ Official transcripts from colleges or universities documenting satisfactory completion of all the educational requirements. Transcripts must be submitted with your application and must remain in an envelope sealed by the school. All unofficial transcripts will not be reviewed.
- _____ Resume of work experience.
- _____ **Military applicants only-** A photocopy of your military diploma and official transcripts from the military branch in which you served to complete the physical therapy program. (Do not complete Form V1)

Applicants applying for PT (including foreign educated) or PTA and are licensed in another state, submit:

- _____ Scores from the [Federation of State Boards](#) (see instruction sheet). Your scores must be reported directly to the Board.
- _____ Resume of work experience.
- _____ Letter of Good Standing/Certificate of Endorsement requested from each state in which you have been licensed. The letter(s) of Good Standing must be submitted directly from the [State Board\(s\)](#).
- _____ Certificate of Completion ([Form P1E](#)) signed and embossed with official school seal. This certificate must be submitted directly from the school or remain in a sealed envelope, or it will not be accepted.

Foreign Educated Applicants applying for PT and licensed in another state in the United States:

Once your evaluation has been approved by the Board you will receive a quarterly report, application for waiver and facility profile form which must be completed by your supervising physical therapist.